

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2	1						52		
3	1						53		
4	1						54		
5	1	1					55		
6	1						56		
7	1	1					57		
8	1						58		
9		1					59		
10		1					60		
11		1					61		
12		10					62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
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22							72		
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24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
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35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	15						TOTAL DEP.		
TOTAL CLAIMS	21						TOTAL CLAIMS		